

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street)

8735 Henderson Road REN 2

Suite 270

☐ Check if different  
than previously  
reported. (ACC)

Tampa

FL

33634

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00390575

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☒ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William White

Signature of Treasurer

Electronically Filed by William White

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		4383.71
(b) Cash on Hand at Beginning of Reporting Period .....	30189.74	
(c) Total Receipts (from Line 19) .....	30392.44	81698.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60582.18	86082.18
7. Total Disbursements (from Line 31) .....	4000.00	29500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56582.18	56582.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27302.81	72193.99
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3089.63	9504.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	30392.44	81698.47
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	30392.44	81698.47
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30392.44	81698.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30392.44	81698.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	29500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4000.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	29500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	30392.44	81698.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30392.44	81698.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

John N Aberg

Mailing Address 1202 Anolas Way

City

Lutz

State

FL

Zip Code

33548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.5011

Amount of Each Receipt this Period

390.00

payroll contribution

**B.**

Full Name (Last, First, Middle Initial)

Gary Bailey

Mailing Address 6043 Red Clover Ln

City

Clarksville

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, MCare Oper'l Performance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.5014

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Paul Behrens

Mailing Address 9401 Woodbay Dr

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

SVP &amp; CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.5016

Amount of Each Receipt this Period

2499.90

payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

3389.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Corey Berger

Mailing Address 6280 Glen Oaks Lane

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Sr. Dir, Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period

260.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

John Burke

Mailing Address 2 Courtney Lane

City

Breezy Pt

State

NY

Zip Code

11697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Network Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5023

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Robert Caione

Mailing Address 1461 Cross Hwy

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

COO, CT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5024

Amount of Each Receipt this Period

999.91

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1759.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Clay

Mailing Address 19001 Pommard Ct.

City

Lutz

State

FL

Zip Code

33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Medical Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5027

Amount of Each Receipt this Period

520.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Julian Cohen

Mailing Address PO Box 272

City

Macatawa

State

MI

Zip Code

49434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Business and Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period

96.15

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Christina Cooper

Mailing Address 14703 Tudor Chase Dr

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5030

Amount of Each Receipt this Period

499.89

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1116.04

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Walter Cooper

Mailing Address 14708 Tudor Chase Dr

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

SVP, Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5031

Amount of Each Receipt this Period

999.91

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Cotton

Mailing Address 6905 Adden Brook Blvd

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

COO, GA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period

999.52

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Alec Cunningham

Mailing Address 8725 Henderson Rd

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, In-  
c.

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5033

Amount of Each Receipt this Period

499.89

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

2499.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Currie

Mailing Address 88 East 89th Place

City

Chicago

State

IL

Zip Code

60619-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, State External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.5034

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

William Davies

Mailing Address 4333 Cheval Blvd

City

Lutz

State

FL

Zip Code

33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: SA11AI.5035

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Gretchen Demartini

Mailing Address 2568 Frisco Dr

City

Clearwater

State

FL

Zip Code

33761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: SA11AI.5037

Amount of Each Receipt this Period

499.89

payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

1499.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Draper McDonnell

Mailing Address 16 Seagrape Cir

City

Clearwater

State

FL

Zip Code

33759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, M'Care Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Evans

Mailing Address 1223 Oxbridge Dr.

City

Lutz

State

FL

Zip Code

33549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period

230.82

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

traci fabrizi

Mailing Address 11648 Fox Grove

City

Strongsville

State

OH

Zip Code

44149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wellcare health plans

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5041

Amount of Each Receipt this Period

130.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

860.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Geary

Mailing Address 109 Brent Cr

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5042

Amount of Each Receipt this Period

999.91

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

joseph harvey

Mailing Address 14703 Canopy Drive

City

Tampa

State

FM

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wellcare health plans

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period

130.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

merrill hausenfluck

Mailing Address Building 11-9633  
Lake Jasmine Dr

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wellcare

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5047

Amount of Each Receipt this Period

149.98

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1279.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Laura Hungville

Mailing Address 3010 Key Harbour Dr

City

Safety Harbor

State

FL

Zip Code

34695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5053

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

William Kale

Mailing Address 4937 Turtle Creek Trail

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Richard Keller

Mailing Address 381 E Mountain Rd. N

City

Cold Spring

State

NY

Zip Code

10516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Exec. Director, NY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5057

Amount of Each Receipt this Period

499.98

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1499.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gus Keriazes

Mailing Address 11401 Tullamore St

City

State

Zip Code

Temple Terrace

FL

33617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Hospital Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5058

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Vijay Kotte

Mailing Address 700 S. Harbour Island Blvd, 846

City

State

Zip Code

Tampa

FL

33602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Market Expansion

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5060

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Anil Kottoor

Mailing Address 1600 Gulf Blvd

City

State

Zip Code

Clearwater

FL

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5061

Amount of Each Receipt this Period

1560.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

2559.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Keith Kudla

Mailing Address 1755 W Surf St

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
President, II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5062

Amount of Each Receipt this Period

999.91

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Tammaji Kulkarni

Mailing Address 15 West 700, 90th St

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5063

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Cheryl Lulias

Mailing Address 1456 West Norwood

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
VP, Network Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5065

Amount of Each Receipt this Period

520.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

2019.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Adam Miller

Mailing Address 8735 Henderson Rd

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
COO, PDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5067

Amount of Each Receipt this Period

999.91

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Minor

Mailing Address 4482 Outpost Ct.

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5068

Amount of Each Receipt this Period

520.00

V

**C.**

Full Name (Last, First, Middle Initial)

Sanjoy Musunuri

Mailing Address 4589 Pamela Ct

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
Assoc Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5070

Amount of Each Receipt this Period

999.91

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

2519.82

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Marc Ryan

Mailing Address 21142 Sky Vista Dr.

City

Land O'Lakes

State

FL

Zip Code

34637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

VP, Govt Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5078

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Donald Schmidt

Mailing Address 1976 LaSalle Way

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Exec. Director, GA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5079

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Rupesh Shah

Mailing Address 2506 Lake Ellen Dr

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

SVP, Market Expansion

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5080

Amount of Each Receipt this Period

999.91

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1999.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Sirera

Mailing Address 12203 Rebeccas Run Drive

City

Winter Gardent

State

FL

Zip Code

34787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

SVP, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5081

Amount of Each Receipt this Period

499.89

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Sara Szabia

Mailing Address 546 17th Ave NE

City

St. Petersburg

State

FL

Zip Code

33704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Sr. Dir, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5086

Amount of Each Receipt this Period

375.05

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

William White

Mailing Address 1943 Floresta View dr

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5089

Amount of Each Receipt this Period

499.98

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1374.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

diane wilkosz

Mailing Address 2065 iowa ave ne

City

st petersburg

State

FL

Zip Code

33703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wellcare

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period

924.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Don Zhang

Mailing Address 10909 Blackburn Path Ct.

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
VP, Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5092

Amount of Each Receipt this Period

499.89

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Randall Zomermaand

Mailing Address 105 S Bermuda Ave

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.5093

Amount of Each Receipt this Period

1499.93

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

2923.82

**TOTAL** This Period (last page this line number only) .....

27302.81

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

**A.**

Full Name (Last, First, Middle Initial)

Hulshof for Congress

Mailing Address PO Box 1621

City  
Columbus

State  
MO

Zip Code  
65205

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23.5095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ohio Association of Health Plans PAC

Mailing Address 230 E Town Street  
Suite 200

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23.5097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00